U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number **U** - 1/1/19

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	7 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name (1510) HEL S NOTHER	Name Willego Cauty B & Coust TRACE Course		
	Labor Organization File Number 0 485 75		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street SIA WARANU	Street 8737 CAMINO DEL RIO DOUTA		
City ESCOMIGO	City Sun VICLO GALLE 97		
State CLUK ZIP Code +4 9202	State CACA - ZIP Code +4 92108		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization	On represents or is actively seeking to represent		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any). Name	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 Signa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 1.c. Amo		

Date

Telephone Number

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Name of Person Filing (A) STOP HER HARTNET	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 ZIP Code + 4	14.a. Nature of payment. LUKIN MET BY SAN PIECO MAJON divertof SHAFF FO DISCUSS BLOG TOPPES VILLIS SUPPORTING MAJONS IRE ELECTROP MAJONS LATER HOLD @ SON DEGO			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			